

## Industrial Insurance Medical Advisory Committee Meeting

### Approved Minutes, January 22, 2009 Meeting

Topic	
Welcome and Introductions	<p>Members present: Drs. Bishop, Carter, Chamblin, DeAndrea, Firestone, Harmon, Krengel, Lang, Ploss, Sullivan, Yorioka.</p> <p>Members absent: Drs. Friedman and Patz</p> <p>Invited Guest: Dr. Judith Turner, UW</p> <p>L&amp;I Staff present: Janet Blume, Dr. Franklin, Dr. Glass, Carole Horrell, Simone Javaher, Karen Jost, Reshma Kearney, LaVonda McCandless, Dr. Stockbridge</p> <p>Members of the Public present: Jessica Holmes, Boston Scientific; Bill Alkire, Alkire &amp; Associates; Eric Hauth, Neuromodulation Therapy Access Coalition(NTAC); Rod Taylor PhD, Peninsula Medical School, Universities of Exeter &amp; Plymouth, UK and representing NTAC; Scott Gilnet, Ingenix; Bea Scott and Debi Blaskovich, Orthofix; Ryan Guppy, United Back Care; Thomas Yang MD and Cong Yu MD, Swedish Medical Center.</p>
Review agenda and packet materials	IIMAC member survey results were reported.
Review and approve minutes from 1016/08 IIMAC meeting	<b>ACTION TAKEN:</b> Minutes were approved.
Report from Upper Extremity Entrapment Neuropathy (UPEX) Subcommittee; CTS guideline	<p>Dr. Chamblin summarized the public comments that had been received on the CTS guideline and responses to the comments. She then presented the final draft for committee member comments. Committee members recommended a few changes to make the language and intent clearer. Members of the public were invited to give oral comments on the CTS guideline but none were offered.</p> <p><b>ACTION TAKEN:</b> IIMAC members made the advisory recommendation to approve the CTS guideline with the clarification improvements.</p>
Report from UPEX; Proximal Median Nerve Entrapment guideline	Dr. Chamblin presented the first draft guideline on Proximal Median Nerve Entrapment (PMNE) disorder. Both the conservative care and surgical treatment sections were not able to be completed due to the weather that delayed the December subcommittee meeting. This work and will be addressed when the subcommittee reconvenes on 1/28/09. She also presented the planned timeline for completing this work. We expect to present a final draft for an advisory recommendation at the April 23 <sup>rd</sup> IIMAC meeting.
Cauda Equina Guideline Review and Update presented by Dr. Robert Lang	Dr. Lang presented a draft guideline for Cauda Equina Syndrome and shared the results of his literature review. Committee members offered comments and recommended some revisions to make it more specific, e.g. changing the title to <i>Acute</i> Cauda Equina Syndrome and differentiating it from cases of back pain and urinary retention. The next guideline draft will be posted on the IIMAC website in a couple of weeks; (URL: <a href="http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/PAC/Default.asp">http://www.lni.wa.gov/ClaimsIns/Providers/Treatment/PAC/Default.asp</a> ). Further comments will be sent to Dr. Lang electronically so a final draft can be presented at the April meeting.
Spinal Cord Stimulators (SCS)	<p>Presentations, comments, responses, and discussion took place closely following the amount of time outlined in the agenda and are combined in these minutes.</p> <p>Dr. Glass presented the background and chronology of L&amp;I's SCS policy and the decision to temporarily allow SCS within the scope of the UW study and IRB requirements. The key question being asked of IIMAC members is "Does the Turner et al. study from the University of Washington provide evidence to change the Department's existing non-coverage policy for Spinal Cord Stimulators?" (slides are on IIMAC web page)</p> <p>Eric Hauth, from the Neuromodulation Therapy Access Coalition (NTAC), gave his opinion that the UW report was at odds with peer reviewed literature presented in the NICE report and</p>

	<p>presented his guest, Rod Taylor, PhD from Peninsula Medical School at the Universities of Exeter and Plymouth, UK.</p> <p>Dr. Taylor presented selected aspects of the NICE report and explained how and why they decided to approve SCS for their population. (slides are on IIMAC web page)</p> <p>Scott Gilnet, from Ingenix, a company that works predominantly with payers, presented a fiscal analysis on behalf of Medtronic Neurological Government Affairs.</p> <p>Dr. Thomas Yang MD from Swedish Medical Center offered comments about his experience with implanting SCSs.</p> <p>IIMAC member questioned basis of original L&amp;I SCS policy. Between 1988-2004, the WA State Medical Association Industrial Insurance Committee studied SCS 4 times and did not find evidence that they were curative or rehabilitative.</p> <p><b>ACTION TAKEN:</b> Based on the results of the University of Washington study, IIMAC members made the advisory recommendation to not change L&amp;I's current policy of not covering spinal cord stimulators.</p>
Policy Updates and Reports	<p><b>Intrathecal pumps:</b> The Health Technology Clinical Committee decided to not cover these for chronic non-cancer pain. L&amp;I does cover these for cancer pain if cancer is an accepted condition on the claim.</p> <p><b>Chronic Pain Subcommittee:</b> two options were presented for what this subcommittee could begin to work on: a) Updating L&amp;I's two extant guidelines on use of opioids and consolidating them into one, perhaps incorporating elements of a new study on opioid doses and their relation to morbidity and mortality; and b) review a target population of injured workers who are on exceptionally high doses of opioids to identify how this occurred, ways to prevent adverse outcomes, educate providers, and lower the incidence of these cases. This subcommittee should be formally identified and begin coordinating work plans in April.</p> <p><b>Cervical and Lumbar Artificial Disc Replacement:</b> The Health Technology Clinical Committee has tentatively decided to allow coverage for artificial disc replacement for FDA approved conditions only and under limited conditions. The final decision should be made at the next meeting of the Health Technology Clinical Committee. Details can be found at <a href="http://www.hta.hca.wa.gov/documents/findings_decision_adr.pdf">http://www.hta.hca.wa.gov/documents/findings_decision_adr.pdf</a>.</p> <p><b>New IIMAC member:</b> Director Judy Schurke has approved the appointment of Dr. G. Robert Waring MD of Walla Walla, as a new IIMAC member. His specialty is Family Practice and he will begin attending IIMAC meetings in April.</p> <p><b>FOR FOLLOW-UP ACTION (next meeting):</b></p> <p>For final review and decision:</p> <ol style="list-style-type: none"> <li>1. Proximal Median Nerve Entrapment Guideline</li> <li>2. Quantitative Sensory Testing Coverage Policy</li> <li>3. Cauda Equina Syndrome Guideline</li> </ol> <p>For discussion and decision regarding chronic pain subcommittee:</p> <ol style="list-style-type: none"> <li>1. Finalize selection of IIMAC members for chronic pain subcommittee</li> <li>2. Select a chair for subcommittee</li> <li>3. Identify who should be invited as pain specialists/experts to consult with the subcommittee</li> <li>4. Decide what to focus on first (see two proposed options above in "Policy Updates and Reports."</li> <li>5. Determine how to coordinate work and begin meeting in July.</li> </ol> <p>Next meeting for <b>IIMAC</b> is on April 23, 2009.</p>